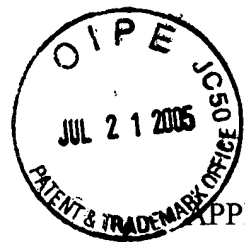


07-22-05

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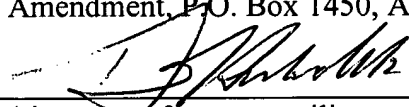


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Phillips, J.O.) ATTORNEY DOCKET: 04242350
SERIAL NO.: 10/797,374) GROUP ART UNIT: 1615
FILED: March 10, 2004) EXAMINER: TBD
TITLE: Novel Substituted Benzimidazole Dosage Forms And Method of Using Same
DATE: July 21, 2005 CUSTOMER NO.: 26565

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"Express Mail" mailing label No. EV548615608US. Date of Deposit: July 21, 2005.
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Amendment, P.O. Box 1450, Alexandria, VA 22313-1450.


(signature of person mailing paper or fee)

Timothy M. Hubalik

(typed name of person mailing paper or fee)

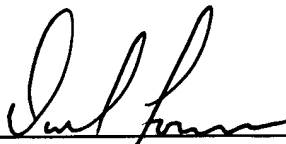
TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following for the above-captioned application:

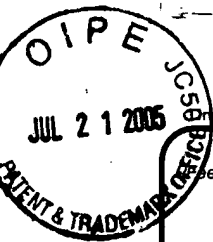
1. Preliminary Amendment C;
2. Fee Transmittal for FY 2005 (PTO/SB/17 Form);
3. \$550.00 check; and
4. Return receipt postcard.

Respectfully submitted,



David Fournier
Reg. No. 51,696

CUSTOMER NO. 26565
MAYER, BROWN, ROWE & MAW LLP
P.O. Box 2828
Chicago, Illinois 60690-2828
Telephone: (312) 701-8034
Facsimile: (312) 706-9000



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 550.00

Complete if Known

Application Number	10/797,374
Filing Date	March 10, 2004
First Named Inventor	Phillips, J.O.
Examiner Name	TBD
Art Unit	1615
Attorney Docket No.	04242350

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0019 Deposit Account Name: Mayer Brown Rowe Maw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

50

Small Entity Fee (\$)

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims Extra Claims Fee (\$)

- 20 or HP = 22 x 25.00 = 550.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = 3 x 200 = 600

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = 100 / 50 = 2 (round up to a whole number) x 250 = 500

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature

Registration No. 51,696
(Attorney/Agent)

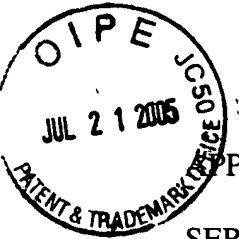
Telephone (312) 701-8034

Name (Print/Type) David B. Fournier

Date July 21, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(signature of person mailing paper or fee)

Timothy Hubalik

(typed name of person mailing paper or fee)

Commissioner for Patents
 Mail Stop: AMENDMENT
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

PRELIMINARY AMENDMENT C

Prior to examining this application, please amend the application as requested herein below.
 Please apply the enclosed payment of \$550 in connection with this paper. If any additional fees are
 due, please charge such fees (or credit any overpayment) to Deposit Account No. 13-0019.

Amendments to the Claims begin on page 2 of this correspondence.

Remarks begin on page 13.

07/25/2005 BABRAHA1 00000081 10797374

01 FC:2202

550.00 OP